Certificate of Eligibles

| Criteria | | Certificate Details | |
|-------------|---------------|---------------------|---------------------------------|
| Pay Plan | GS | Certificate Number | 20230622-CACQ-001 |
| Series | 0081 | Certificate Type | Competitive Merit Promotion |
| Grade | 10 | Issued Date | 06/22/2023 |
| Specialties | N/A | Issued By | Eric Robinson |
| Location | Naples, Italy | Priority Order | Float Priority Referrals |
| | | Rank By | Rating (exclude Veteran Points) |
| | | Refer Method | Cutpoint (90.00) |

| Applicant | List | |
|---------------|-------------------------------------|---|
| Agency Action | Applicant Name / Applicant Email | Eligible Series / Eligibility Labels |
| Not Selected | | 30% DV/VEOA |
| Selected | | Perm DON/FAM/VEOA |
| Not Selected | | Interchange/Perm DON/ FAM |
| Not Selected | | VEOA |
| Not Selected | | 30% DV/Interchange/ VEOA |
| Not Selected | | Perm DON/FAM/VEOA |
| Not Selected | | Perm DON/FAM |
| Not Selected | | 30% DV/Perm DON/ FAM/VEOA |
| Not Selected | | Perm DON/FAM |

| Applicant | List | |
|---------------|-------------------------------------|---|
| Agency Action | Applicant Name / Applicant Email | Eligible Series / Eligibility Labels |
| Not Selected | | Interchange |
| Not Selected | | Perm DON/FAM |
| Not Selected | | Perm DON/FAM/VEO/ |
| Not Selected | | Perm DON/FAM |
| Not Selected | | 30% DV/VEOA |
| Not Selected | | 30% DV/VEOA |
| Not Selected | | VEOA |
| Not Selected | | Perm DON/FAM |
| Not Selected | | 30% DV/VEOA |
| Not Selected | | 30% DV/VEOA |
| Not Selected | | VEOA |
| Not Selected | | Perm DON/FAM/VEO |
| Not Selected | | 30% DV/VEOA |

Certificate of Eligibles

SUPERVISORY FIREFIGHTER GS-0081-10 ST-11998679-23-ELR

| Applicant List | | | | | |
|-------------------------------------|-------------------------------------|---|--|--|--|
| Agency Action | Applicant Name / Applicant Email | Eligible Series / Eligibility Labels | | | |
| Not Selected | | OS 5 Yr Limit/Perm DON/ FAM | | | |
| Alternate Selection 1 | | 30% DV/VEOA | | | |
| Selecting Official Signature | | Date | | | |
| Selecting Official Organization | | | | | |
| Selecting Official Telephone Number | | | | | |
| Appointing Office | Date | | | | |